10/006,591

PTOSSEOS (US-OS)
Approved for use through 7.01/2005, ONB OSS1-0002
U.S. Patret and Trademark Office U.S. OSSA 7.01/2005, ONB OSS1-0002

| PATENT APPLICATION FEE DETERMINATION RECORD  |   |  |                         |   |                  |     |                    |                        |            | DEC U.S. DEPARTMENT OF COMMERCE So 8 displays a velid OMB control number.  Application or Outlook Number |                        |  |
|--|---|--|-------------------------|---|------------------|-----|--------------------|------------------------|------------|--|------------------------|--|
| Substitute for Form PTO-875  |   |  |                         |   |                  |     |                    |                        |            |  |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |  |                         |   |                  |     | SMALL ENTITY       |                        | OR         | OTHER THAN<br>SMALL ENTITY   |                        |  |
|  | FOR   | HOUSE                                      | MUNISER FILED MUNISER E |   |                  |     | RATE               | FEE                    |            | RATE   | FEE                    |  |
| BASIC FEE<br>Q7 CFR 1.18(4))   |   |  |                         |   | 1                |     |                    | OR                     | 70,12      | ,  |                        |  |
|  | CFR 1,18(d)   |  | rainus 20 × *           |   |                  | 1   | X E                |                        |            |  | <del> </del>           |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.18(b))   |   | MS .                                       | · ming 3 =              |   |                  | i   |                    | <del> </del>           | OR         | × 1=   |                        |  |
|  |   |  |                         |   | ł                | × • | <del> </del>       | OR                     | **         | <u> </u>   |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (57 CFR 1.18(6))  |   |  |                         |   |                  | j   | +:                 |                        | OR         | +8   |                        |  |
| * if the difference in column 1 is less than zero, enter $oldsymbol{\mathbb{T}}$ in column 2.  |   |  |                         |   |                  |     | TOTAL              |                        | <b>Q</b> R | TOTAL  |                        |  |
| CLAIMS AS AMENDED - PART II  |   |  |                         |   |                  |     |                    |                        |            |  |                        |  |
| 4  | 125/0   | (Cotumn 1)                                 | ,                       | (Column 2)                                  | (Cotoma 3)       |     | SMALL              | ENTITY                 | OR         | OTHER<br>SMALL   | THAN .<br>ENTITY       |  |
| MENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT            |                         | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |     | RATE               | ADOS<br>TIONAL<br>FEE  |            | RATE   | ADDI-<br>TIDNAL<br>FEE |  |
|  | (2) (2) (2) (2) (2) (2)   | 34   | Mires                   | 84  | ./               |     | X8 *               |                        | OR         | 15 0   | , , , ,                |  |
| S  | (ndependent<br>(000), r PG CQ   | . 8  | Minus                   | -7  | .0               | ·   | x                  |                        |            |  |                        |  |
| ¥  | FORST PRESENT   | ATTOMOS MUN THOU                           | E OCCOONS               | 976 W #3#                                   | 2440             | Н   |                    |                        | OR         | **   |                        |  |
| FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |   |  |                         |   |                  |     | TOTAL              |                        | OR         | -  |                        |  |
|  | 2-19  | 7-05                                       |                         |   |                  |     | ADOL FEE           |                        | OR         | ADDL FEE   |                        |  |
|  | <del></del>   | (Column 1)                                 |                         | (Column 2)<br>HIGHEST                       | (Column 3)       |     |                    | ,                      | ;          |  |                        |  |
| AMENDMENT B  |   | REMARING<br>AFTER<br>AMENDMENT             |                         | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |     | RATE .             | ADOI-<br>TIONAL<br>FEE |            | RATE   | ADDI-<br>TIONAL        |  |
|  | Total<br>CFCFF 1.19(ct)   | .24  | Minus                   | "821  | •                |     | 71 B               |                        |            |  | FEE                    |  |
|  | Independent<br>OF CF4 1.1000  | 7  | Minus                   |   | -                | Ì   |                    |                        | QR         | * 3  |                        |  |
|  | CONT. CONT. CO.   | ATTOMOS UNA PORT                           |                         |   |                  |     | X \$a              |                        | OR .       | × • •  |                        |  |
| FRET PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CPR 1.48(d))   |   |  |                         |   |                  | 1   | +s =               |                        | OR         | TOTAL  |                        |  |
| 1  | 45.X  |  |                         |   |                  |     | ADD'L FEE          |                        | OR         | ADD' FEE   |                        |  |
| 与  | 2346  | (Coturn 1)                                 |                         | (Column 2)                                  | (Column 3)       |     |                    |                        |            |  |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMARKING<br>AFTER<br>AMERIOMENT |                         | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |     | RATE               | ADOI-<br>FEE           |            | RATE   | ADOI-<br>TIONAL        |  |
|  | Total<br>cor con lings  | :34  | Minus                   | -84   | - 7              |     | X \$ =             | 1                      | OR         | x : -  | FEE                    |  |
|  | tridepandent<br>(37 OFR 1.1804)   | 8  | Minus                   | <del></del> 8                               | •                | 4   | X•                 |                        | OR.        | X  |                        |  |
| ₹  | FIRST PRESENTATION OF HURTIPLE DEPENDENT CLAIM (37 OFR 1.15(45)   |  |                         |   |                  |     |                    | 7                      | OR         |  |                        |  |
|  |   |  |                         |   |                  |     | TOTAL<br>ADD'L FEE |                        | OR I       | TOTAL<br>ADDL FEE  |                        |  |
| " If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20",  " If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20", |   |  |                         |   |                  |     |                    |                        |            |  |                        |  |
| <u> </u>   | The "Highest Number Previously Paid For" (Total or independent) is the highest number found to the appropriate box to column 1. |  |                         |   |                  |     |                    |                        |            |  |                        |  |

12. 40

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which in to file (and by the USPTO to process) an application. Confideralistly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. The will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Abstandits, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ACCURESS, SEND TO: Commissionar for Patents, P.O. Box 1450, Abstandits, VA 22313-1450.

# you need assistance in completing the form, cell 1-600-PTO-9199 and select option 2.